

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	6106-000004/US/NP
	First Named Inventor	MARWICK, Thomas Hugh
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR EARLY DETECTION OF CARDIOVASCULAR DISEASE USING VASCULAR IMAGING

(Title of the Invention)

the specification of which

☐ is attached hereto
OR
☒ was filed on 05.08.04 as PCT International Application Number PCT/AU2004/001041.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 37, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any *foreign application* for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2003904100	Australia	05.08.03	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/AU2004/001041	05.08.04	

As a named inventor, I hereby appoint the following registered practitioners) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

- ☐ Customer Number _____
 OR
☐ Registered Practitioner(s) name/registration number listed below

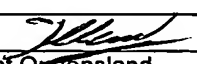
Name	Registration Number	Name	Registration Number

Direct all correspondence to:

- ☐ Customer Number _____ OR ☒ Correspondence address below

Name	Harness, Dickey & Pierce, P.L.C.				
Address	11730 Plaza America Drive				
Address	Suite 800				
City	RESTON	State	VA	ZIP	20190
Country	USA	Telephone	+1 703 668 8000	Fax	+1 703 668 8200

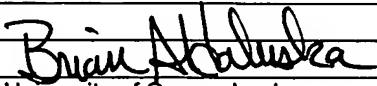
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Thomas Hugh			MARWICK		
Inventor's Signature				Date	22/2/06
Residence: City	University of Queensland, Department of Medicine, Princess Alexandra Hospital	Country	Australia	Citizenship	Australian
Post Office Address					
Post Office Address					
City	Wooloongabba, Queensland	Zip	4102	Country	Australia

DECLARATION

ADDITIONAL INVENTOR(S)

Page 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Brian				HALUSKA			
Inventor's Signature				Date		24/2/06	
Residence: City		University of Queensland, Department of Medicine, Princess Alexandra Hospital		Country		Australia	
Post Office Address				Citizenship		Australian	
Post Office Address							
City		Wooloongabba, Queensland		Zip		4102	
				Country		Australia	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				Country			
Post Office Address				Citizenship			
Post Office Address							
City				Zip			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				Country			
Post Office Address				Citizenship			
Post Office Address							
City				Zip			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				Country			
Post Office Address				Citizenship			
Post Office Address							
City				Zip			
				Country			